

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/582071 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1 ST AMENDMENT		2 ND AMENDMENT			1 ST AMENDMENT		2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1		51					
2		1		1	52					
3	1		1		53					
4	1		1		54					
5		1		1	55					
6		1		1	56					
7	1		1		57					
8		1		1	58					
9	1		1		59					
10	1		1		60					
11		1		1	61					
12		1		1	62					
13	1		1		63					
14		1		1	64					
15	1		1		65					
16	1		1		66					
17		1		1	67					
18		1		1	68					
19		1		1	69					
20		1		1	70					
21		1		1	71					
22		1		1	72					
23		1		1	73					
24		1		1	74					
25		1		1	75					
26		1		1	76					
27		1		1	77					
28		1		1	78					
29		1		1	79					
30		1		1	80					
31		1		1	81					
32		1		1	82					
33		1		1	83					
34		1		1	84					
35		1		1	85					
36		1		1	86					
37		1		1	87					
38		1		1	88					
39		1		1	89					
40		1		1	90					
41		1		1	91					
42		1		1	92					
43		1		1	93					
44		1		1	94					
45		1		1	95					
46		1		1	96					
47		1		1	97					
48		1		1	98					
49		1		1	99					
50		1		1	100					
TOTAL IND.					TOTAL IND.					
TOTAL DEP.					TOTAL DEP.					
TOTAL CLAIMS					TOTAL CLAIMS					